

GROUP HEALTH CHECKLIST
(LIMITED HEALTH SERVICE BENEFIT PLAN)

- () Review with General Health Insurance Policy Checklist**
- () Review with Checklist for Grievance and Appeals of Limited Health Service Benefit Plan**
- () Requires HIPMC F-37**

Mandatory Provisions/Benefits

The following provisions must appear. If they do not, check the statute to be sure it applies to the type of policy being reviewed.

- () KRS 304.18-030(1) Representations - not warranties
- () KRS 304.18-030(2) Summary of Benefits provided
- () KRS 304.18-030(3) Additional new enrollees allowed
- () KRS 304.18-032 Newborn children covered from moment of birth. Notice of birth and premium payment may be required within 31 days from the date of birth in order to continue coverage beyond 31 days if payment of premium is required to add a child.
- () KRS 304.17C-030 Disclosure of covered services, restrictions or limitations, financial responsibility of covered person, prior authorization requirements with respect to covered services, where and how services may be obtained, changes in covered services, covered persons right to appeal and procedures for appeal if the insurer elects to provide UR and measures to ensure confidentiality of the relationship between an enrollee and a health care provider
- () KRS 304.17C-110 Payment for optometrist same as physician or osteopath
- () KRS 304.12-235(1) Claims must be paid not more than 30 days
- () KRS 304.17C-090 Time of payment of claims for Dental only (30 days)

Optional Provisions

- () KRS 304.14-370 &
() KRS 304.14-380 Binding arbitration cannot be required. However, arbitration can be an option for the insured
- () KRS 304.18-050 Contract may provide for the adjustment of the premium rate based on anniversary
- () KRS 304.18-040
() KRS 304.18-090 Payments may be made directly to the service provider; however, it may NOT require services be rendered by a particular provider (806 KAR18:020)

- () KRS 304.14-230(1) The policy may be delivered by electronic transfer, by agreement between the insurer and the insured or the person entitled to receive the policy.

Prohibited Provisions

- () KRS 304.5-160 Health insurance contracts cannot cover abortion except by rider.
- () KRS 304.12-013 May not limit, reduce or exclude AIDS-related benefits
- () KRS 304.12-250 May not exclude work-related conditions unless the claimant is eligible for benefits under any workers compensation.

Checklist for PPO plans with insurers must also add information listed below in addition to the information provided on the group health checklist above.

- () 806 KAR 18:020 Health insurers cannot offer contracts containing preferred provider arrangements where the difference between amounts payable for preferred provider and a non-preferred provider exceed 25 percent. Provider directories and plan information must be provided upon request.